

Fill in this information to identify your case:

| | | | |
|---|------------------------|-------------|-----------|
| Debtor 1 | Carlos A Madero | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u> | | | |
| Case number (if known) | <u>23-14849</u> | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| Your assets Value of what you own | |
|---|----------------------|
| 1. Schedule A/B: Property (Official Form 106A/B) | \$ <u>525,000.00</u> |
| 1a. Copy line 55, Total real estate, from Schedule A/B..... | \$ <u>525,000.00</u> |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ <u>3,300.00</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B..... | \$ <u>528,300.00</u> |

Part 2: Summarize Your Liabilities

| Your liabilities Amount you owe | |
|---|-----------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ <u>436,532.27</u> |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ <u>436,532.27</u> |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ <u>725.00</u> |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ <u>725.00</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ <u>207,696.01</u> |
| Your total liabilities | \$ <u>644,953.28</u> |

Part 3: Summarize Your Income and Expenses

| | |
|---|--------------------|
| 4. Schedule I: Your Income (Official Form 106I) | \$ <u>8,610.58</u> |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ <u>8,610.58</u> |
| 5. Schedule J: Your Expenses (Official Form 106J) | \$ <u>8,285.81</u> |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ <u>8,285.81</u> |

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Carlos A MaderoCase number (if known) 23-14849

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

| | |
|----|------------------|
| \$ | <u>12,276.72</u> |
|----|------------------|

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| | Total claim |
|--|--------------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ <u>0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>725.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0.00</u> |
| 9d. Student loans. (Copy line 6f.) | \$ <u>0.00</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ <u>0.00</u> |
| 9g. Total. Add lines 9a through 9f. | \$ <u>725.00</u> |

Fill in this information to identify your case and this filing:

| | | | |
|---|------------------------|-------------|-----------|
| Debtor 1 | Carlos A Madero | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u> | | | |
| Case number | <u>23-14849</u> | | |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

29 Lowe Avenue

Street address, if available, or other description

Fair Lawn **NJ** **07410-0000**

City State ZIP Code

Bergen

County

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?
\$525,000.00 \$525,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$525,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 Carlos A MaderoCase number (if known) 23-14849

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for
pages you have attached for Part 2. Write that number here.....=>

\$0.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

miscellaneous items

\$3,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

miscellaneous items

\$200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Debtor 1 Carlos A MaderoCase number (if known) 23-14849 Yes. Describe.....**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....1 dog\$0.00**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$3,200.00**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. checkingChase\$100.00**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

PensionMorristown HospitalUnknown**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...X-Ray Technician\$0.00**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1 Carlos A Madero

Case number (if known) 23-14849

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$100.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1 Carlos A Madero

Case number (if known) 23-14849

Part 8: List the Totals of Each Part of this Form

| | | |
|--|------------|------------------------------|
| 55. Part 1: Total real estate, line 2 | | \$525,000.00 |
| 56. Part 2: Total vehicles, line 5 | \$0.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$3,200.00 | |
| 58. Part 4: Total financial assets, line 36 | \$100.00 | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 | |
| 62. Total personal property. Add lines 56 through 61... | \$3,300.00 | Copy personal property total |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$528,300.00 |

Fill in this information to identify your case:

| | | | |
|---|------------------------|------------------------|-----------|
| Debtor 1 | Carlos A Madero | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | (Spouse if, filing) | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JERSEY | |
| Case number (if known) | 23-14849 | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1 | Creditor's Name | Describe the property that secures the claim: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|--|---|---|---|--|--------------------------------------|
| 2.1 | Discover Bank/dmi Discover Home Equity Loans Lake Zurich, IL 60047 Number, Street, City, State & Zip Code | 29 Lowe Avenue Fair Lawn, NJ 07410 Bergen County | \$84,859.42 | \$525,000.00 | \$0.00 |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> | | | | | |
| Date debt was incurred 5839 | | Last 4 digits of account number _____ | | | |

Debtor 1 **Carlos A Madero**

First Name

Middle Name

Last Name

Case number (if known)

23-14849

2.2 **Loancare, Cit Bank,**

Creditor's Name

**Attn: Consumer
Solutions Dept
Po Box 8068
Virginia Beach, VA 23452**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**29 Lowe Avenue Fair Lawn, NJ
07410 Bergen County**

\$351,672.85

\$525,000.00

\$0.00

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number **2402**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$436,532.27

If this is the last page of your form, add the dollar value totals from all pages.

\$436,532.27

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | |
|---|-------------------------------|
| Debtor 1 | Carlos A Madero |
| Debtor 2 | |
| (Spouse, if filing) | |
| United States Bankruptcy Court for the: | DISTRICT OF NEW JERSEY |
| Case number | 23-14849 |
| (If known) | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Daughter

Dependent's age

13

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **3,417.48**

Your expenses

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|---------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 0.00 |
| 4c. \$ | 200.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 Carlos A Madero

Case number (if known) 23-14849

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ <u>700.00</u> |
| | 6b. Water, sewer, garbage collection | 6b. \$ <u>58.33</u> |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>760.00</u> |
| | 6d. Other. Specify: Security System | 6d. \$ <u>60.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>875.00</u> | |
| 8. Childcare and children's education costs | 8. \$ <u>570.00</u> | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>200.00</u> | |
| 10. Personal care products and services | 10. \$ <u>50.00</u> | |
| 11. Medical and dental expenses | 11. \$ <u>250.00</u> | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>775.00</u> | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>150.00</u> | |
| 14. Charitable contributions and religious donations | 14. \$ <u>0.00</u> | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> | |
| 15b. Health insurance | 15b. \$ <u>0.00</u> | |
| 15c. Vehicle insurance | 15c. \$ <u>0.00</u> | |
| 15d. Other insurance. Specify: | 15d. \$ <u>0.00</u> | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. \$ <u>0.00</u> | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> | |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> | |
| 17c. Other. Specify: | 17c. \$ <u>0.00</u> | |
| 17d. Other. Specify: | 17d. \$ <u>0.00</u> | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0.00</u> | |
| 19. Other payments you make to support others who do not live with you. Specify: | \$ <u>0.00</u> | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> | |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> | |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> | |
| 21. Other: Specify: pet supplies additonal rent for NY apartment for 2nd job continuing professional education | | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ <u>8,285.81</u> | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ <u>8,285.81</u> | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ <u>8,285.81</u> | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | \$ <u>8,610.58</u> | |
| 23b. Copy your monthly expenses from line 22c above. | \$ <u>8,285.81</u> | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | \$ <u>324.77</u> | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |

Fill in this information to identify your case:

| | | | |
|---|------------------------|-------------|-----------|
| Debtor 1 | Carlos A Madero | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number (if known) | 23-14849 | | |

Check if this is an amended filing

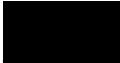
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Carlos A Madero

Carlos A Madero
Signature of Debtor 1

Date October 31, 2023

X

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

| | |
|---|------------------------|
| Debtor 1 | Carlos A Madero |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | District of New Jersey |
| Case number (if known) | 23-14849 |

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

3. The commitment period is 3 years.

4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ <u>12,276.72</u> | \$ _____ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ <u>0.00</u> | \$ _____ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | \$ <u>0.00</u> | \$ _____ |
| 5. Net income from operating a business, profession, or farm | Debtor 1 | |
| Gross receipts (before all deductions) | \$ <u>0.00</u> | |
| Ordinary and necessary operating expenses | -\$ <u>0.00</u> | |
| Net monthly income from a business, profession, or farm | \$ <u>0.00</u> | Copy here -> \$ <u>0.00</u> |
| 6. Net income from rental and other real property | Debtor 1 | |
| Gross receipts (before all deductions) | \$ <u>0.00</u> | |
| Ordinary and necessary operating expenses | -\$ <u>0.00</u> | |
| Net monthly income from rental or other real property | \$ <u>0.00</u> | Copy here -> \$ <u>0.00</u> |

Debtor 1

Carlos A Madero

Case number (if known)

23-14849**7. Interest, dividends, and royalties****Column A
Debtor 1**\$ 0.00**Column B
Debtor 2 or
non-filing spouse**\$ **8. Unemployment compensation**\$ 0.00\$

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00
For your spouse \$ **9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.\$ 0.00 \$ **10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0.00 \$ \$ 0.00 \$ Total amounts from separate pages, if any. + \$ 0.00 \$ **11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.\$ 12,276.72 + \$ = \$ 12,276.72Total average
monthly income**Part 2: Determine How to Measure Your Deductions from Income****12. Copy your total average monthly income from line 11.** \$ 12,276.72**13. Calculate the marital adjustment.** Check one:

You are not married. Fill in 0 below.
 You are married and your spouse is filing with you. Fill in 0 below.
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

 \$
 \$
+ \$
Total \$ 0.00 Copy here=> - \$ 0.00

14. Your current monthly income. Subtract line 13 from line 12.\$ 12,276.72**15. Calculate your current monthly income for the year.** Follow these steps:15a. Copy line 14 here=> \$ 12,276.72

Debtor 1

Carlos A Madero

Case number (if known)

23-14849

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 147,320.64

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

NJ

16b. Fill in the number of people in your household.

2

16c. Fill in the median family income for your state and size of household.

\$ 99,056.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. **Copy your total average monthly income from line 11.** **\$ 12,276.72**

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

19b. **Subtract line 19a from line 18.**

\$ 12,276.72

20. **Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b **\$ 12,276.72**

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 147,320.64

20c. Copy the median family income for your state and size of household from line 16c

\$ 99,056.00

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Carlos A Madero

Carlos A Madero

Signature of Debtor 1

Date **October 31, 2023**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1

Carlos A Madero

Case number (if known)

23-14849

Fill in this information to identify your case:

| | |
|---|-------------------------------|
| Debtor 1 | <u>Carlos A Madero</u> |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | <u>District of New Jersey</u> |
| Case number (if known) | <u>23-14849</u> |

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,410.00
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

Carlos A Madero

Case number (if known)

23-14849**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 79
 7b. Number of people who are under 65 X 2
 7c. **Subtotal.** Multiply line 7a by line 7b. \$ 158.00 Copy here=> \$ 158.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 154
 7e. Number of people who are 65 or older X 0
 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f \$ 158.00 Copy total here=> \$ 158.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ **Housing and utilities - Insurance and operating expenses**

■ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 757.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 2,982.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

| Name of the creditor | Average monthly payment |
|-----------------------------------|--|
| Discover Bank/dmi | \$ <u>735.54</u> |
| Loancare, Cit Bank, | \$ <u>2,681.94</u> |
| 9b. Total average monthly payment | \$ <u>3,417.48</u> Copy here=> -\$ <u>3,417.48</u> Repeat this amount on line 33a. |

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ 0.00 Copy here=> \$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

Debtor 1

Carlos A Madero

Case number (if known)

23-1484911. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12.12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 379.0013. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.**Vehicle 1 Describe Vehicle 1:**13a. Ownership or leasing costs using IRS Local Standard..... \$ 0.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of each creditor for Vehicle 1 | Average monthly payment | |
|---|-------------------------|--|
| -NONE- | \$ | |
| Total Average Monthly Payment | \$ 0.00 | Copy here => - \$ 0.00 |
| | | Repeat this amount on line 33b. |
| 13c. Net Vehicle 1 ownership or lease expense | \$ 0.00 | Copy net Vehicle 1 expense here => \$ 0.00 |
| Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. | | |

Vehicle 2 Describe Vehicle 2:13d. Ownership or leasing costs using IRS Local Standard..... \$ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

| Name of each creditor for Vehicle 2 | Average monthly payment | |
|---|-------------------------|--|
| \$ | | |
| Total average monthly payment | \$ 0.00 | Copy here => - \$ 0.00 |
| | | Repeat this amount on line 33c. |
| 13f. Net Vehicle 2 ownership or lease expense | \$ 0.00 | Copy net Vehicle 2 expense here => \$ 0.00 |
| Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. | | |

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ 242.00

Debtor 1

Carlos A Madero

Case number (if known)

23-14849

| | | |
|---|------------------|---|
| Other Necessary Expenses | | In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. |
| 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. | | \$ <u>3,761.82</u> |
| 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. | | \$ <u>0.00</u> |
| 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | | \$ <u>227.00</u> |
| 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. | | \$ <u>0.00</u> |
| 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. | | \$ <u>0.00</u> |
| 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. | | \$ <u>300.00</u> |
| 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. | | \$ <u>42.00</u> |
| 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | +\$ <u>760.00</u> |
| 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | | \$ <u>8,036.82</u> |
| Additional Expense Deductions These are additional deductions allowed by the Means Test. <i>Note: Do not include any expense allowances listed in lines 6-24.</i> | | |
| 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. | | |
| Health insurance | \$ <u>226.68</u> | |
| Disability insurance | \$ <u>0.00</u> | |
| Health savings account | +\$ <u>0.00</u> | |
| Total | \$ <u>226.68</u> | Copy total here=> \$ <u>226.68</u> |
| Do you actually spend this total amount? | | |
| <input type="checkbox"/> No. How much do you actually spend? <input checked="" type="checkbox"/> Yes \$ _____ | | |
| 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) | | |
| \$ <u>0.00</u> | | |
| 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | |
| \$ <u>0.00</u> | | |
| By law, the court must keep the nature of these expenses confidential. | | |

Debtor 1 **Carlos A Madero**

Case number (*if known*)

23-14849

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**
Add lines 25 through 31.

\$ **88.33**

\$ **180.00**

\$ **46.00**

\$ **0.00**

\$ **541.01**

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

33a. Copy line 9b here => \$ **3,417.48**
Loans on your first two vehicles
33b. Copy line 13b here => \$ **0.00**
33c. Copy line 13e here => \$ **0.00**
33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No

Yes

□ No

Yes

□ Ns

Yes

33e Total average monthly payment. Add lines 33a through 33d

\$ 3,417.48

Copy
total
1

Copy
total
here=> \$ 3,417.48

Debtor 1

Carlos A Madero

Case number (if known)

23-14849

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

| Name of the creditor | Identify property that secures the debt | Total cure amount | Monthly cure amount |
|----------------------|---|-------------------|-----------------------------|
| Discover Bank/dmi | 29 Lowe Avenue Fair Lawn, NJ 07410 Bergen County | \$ 6,145.10 | ÷ 60 = \$ 102.42 |
| Loancare, Cit Bank, | 29 Lowe Avenue Fair Lawn, NJ 07410 Bergen County | \$ 1,502.08 | ÷ 60 = \$ 25.03 |
| | | \$ | ÷ 60 = +\$ |
| | | Total \$ 127.45 | Copy total here=> \$ 127.45 |

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 75.00 ÷ 60 \$ 1.25

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

X _____

\$ _____
Copy total here=> \$ _____

37. Add all of the deductions for debt payment. Add lines 33e through 36.

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ 8,036.82

Copy line 32, All of the additional expense deductions \$ 541.01

Copy line 37, All of the deductions for debt payment +\$ 3,546.18

Total deductions \$ 12,124.01 Copy total here=> \$ 12,124.01

Debtor 1

Carlos A Madero

Case number (if known)

23-14849

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period*. \$ **12,276.72**

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ **12,124.01**

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

\$ _____
 \$ _____
 \$ _____

Total \$ **0.00** Copy here=> \$ **0.00**

44. Total adjustments. Add lines 40 through 43. => \$ **12,124.01** Copy here=> -\$ **12,124.01**

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ **152.71**

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

| Form | Line | Reason for change | Date of change | Increase or decrease? | Amount of change |
|---------------------------------|------|-------------------|----------------|-----------------------------------|------------------|
| <input type="checkbox"/> 122C-1 | | | | <input type="checkbox"/> Increase | |
| <input type="checkbox"/> 122C-2 | | | | <input type="checkbox"/> Decrease | \$ _____ |
| <input type="checkbox"/> 122C-1 | | | | <input type="checkbox"/> Increase | |
| <input type="checkbox"/> 122C-2 | | | | <input type="checkbox"/> Decrease | \$ _____ |
| <input type="checkbox"/> 122C-1 | | | | <input type="checkbox"/> Increase | |
| <input type="checkbox"/> 122C-2 | | | | <input type="checkbox"/> Decrease | \$ _____ |
| <input type="checkbox"/> 122C-1 | | | | <input type="checkbox"/> Increase | |
| <input type="checkbox"/> 122C-2 | | | | <input type="checkbox"/> Decrease | \$ _____ |

Debtor 1

Carlos A Madero

Case number (if known)

23-14849

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

/s/ Carlos A Madero

Carlos A Madero

Signature of Debtor 1

Date October 31, 2023

MM / DD / YYYY